Hospital Presumptive Eligibility 5

1. HPE2013-take 3

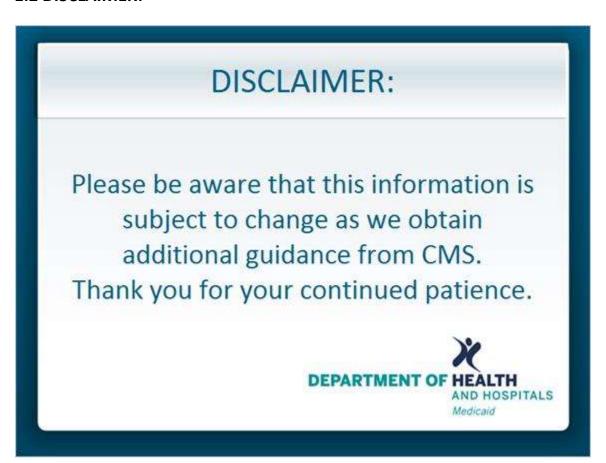
1.1 Hospital Presumptive Eligibility



Notes:

Welcome to Hospital Presumptive Eligibility training. This video will review Administrative Procedures, the HPE Assessment Process and the Medicaid Income Guidelines. Please click the topic for further details.

1.2 DISCLAIMER:



Notes:

Please be aware that this information is subject to change as we obtain additional guidance from CMS.

Thank you for your continued patience.

1.3 DISCLAIMER:

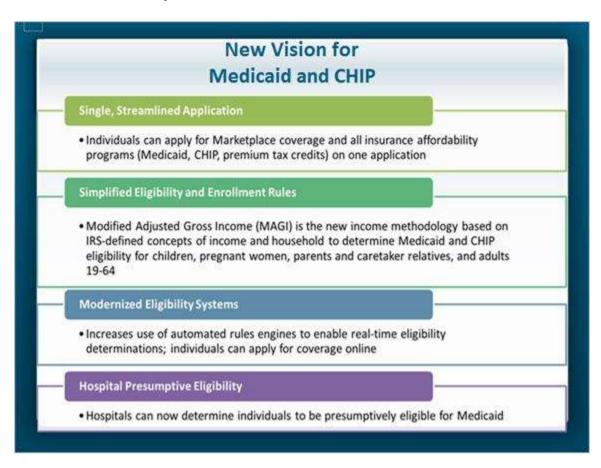
Please press F11 on your keyboard for optimal viewing.
Upon completion of the course, email your certificate to hpe@la.gov

DEPARTMENT OF HEALTH AND HOSPITALS Medicaid

1.4 ACA Coverage Changes



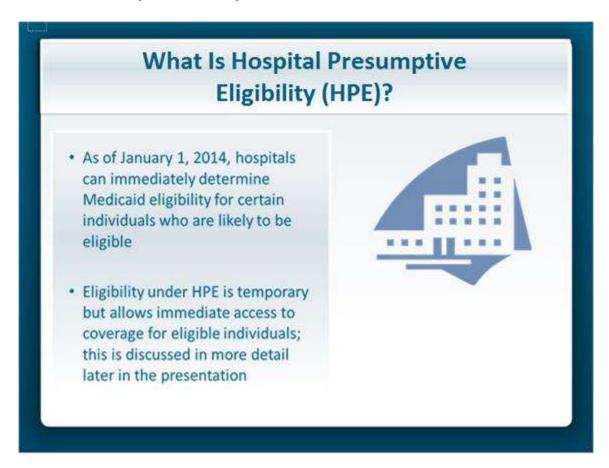
1.5 The New Vision for



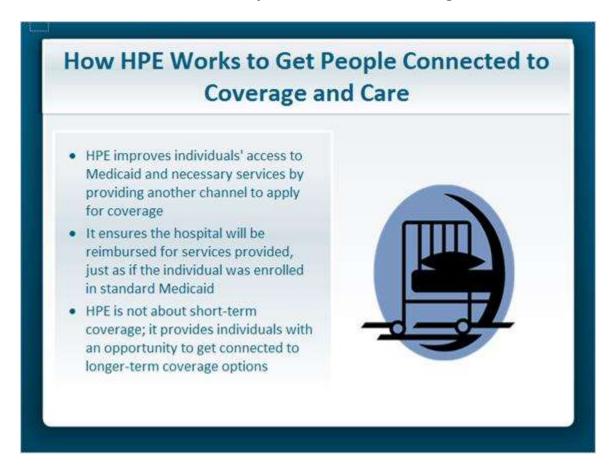
1.6 Untitled Slide



1.7 What Is Hospital Presumptive



1.8 How HPE Works to Get People Connected to Coverage and Care



1.9 How Hospitals Can Participate in HPE



1.10 How Hospitals Can Participate in HPE

How Hospitals Can Participate in HPE

- Hospital participation in HPE is <u>optional</u>, but states must provide a mechanism for a hospital to become qualified to conduct HPE
- To make HPE determinations, a hospital must:
 - · Participate in the Medicaid program.
 - Notify the state of its election to make HPE determinations by emailing the required documents to HPE@LA.gov
 - · Qualified Entity Application for Hospital Presumptive Eligibility
 - · HPEQE Responsibilities and Agreement
 - Agree to make HPE determinations consistent with policies and procedures of the state. This agreement will be implied by submission of the above documents.

Notes:

Click the resources tab at the top left to view the forms.

1.11 Hospital Staff Eligible to

Hospital Staff Eligible to Make HPE Determinations

- Once a hospital is a qualified entity:
 - Any hospital employee who is properly trained and certified can make HPE determinations
 - This includes employees in hospital-owned physician practices or clinics, including those in off-site locations
 - Participating hospitals may not delegate HPE determinations to non-hospital staff
 - Third party vendors or contractors may not make HPE determinations

1.12 Staff Training and Certification



1.13 HPE Performance Standards



1.14 HPE Performance Standards

PERFORMANCE INDICATOR	BENCHMARI
Assist HPE individuals with filing a BHSF Form 1-A for full Medicaid benefits.	70 %
HPE determination also results in HPE individual's eligibility for full Medicaid benefits.	85 %
Verify that HPE individuals have not received HPE coverage within the past 12 months.	85 %
Verify that HPE individuals are not currently enrolled in Medicaid.	95 %

Notes:

Louisiana Medicaid will monitor the following information on a monthly basis:

the number of monthly HPE certifications;

the number of HPE individuals who actually complete a BHSF Form 1-A for full Medicaid benefits:

the number of HPE individuals who were denied full Medicaid benefits; and the number of HPE individuals who were approved for full Medicaid benefits.

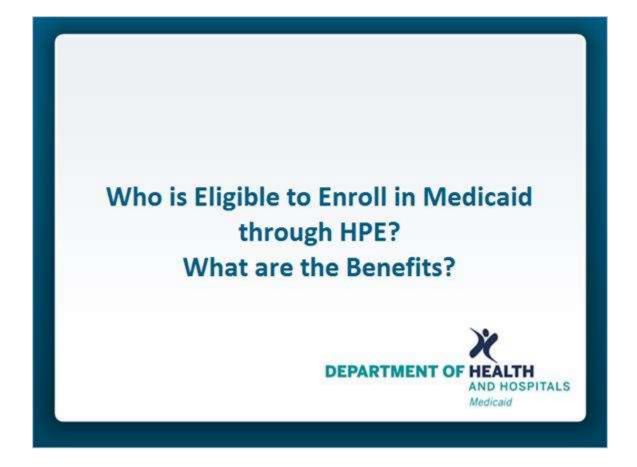
Louisiana Medicaid will monitor HPEQE performance to ensure that HPE determinations are made in accordance with state and federal requirements and meet required performance standards, as outlined in the standards for participation.

The HPEQE agrees to periodic monitoring by state officials or their designees without prior notice and agrees that state officials or their designees will have access to the premises to inspect records and evaluate work being performed.

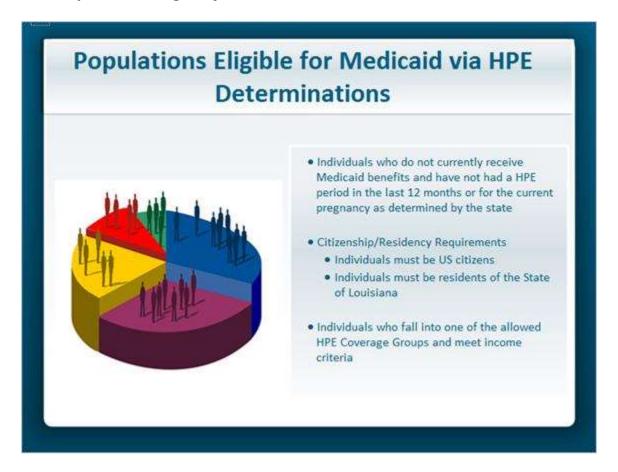
DHH reserves the right to institute a thirty (30) day period of corrective action to allow the HPEQE to address any deficiencies identified during routine monitoring, and/or as a result of failure to meet performance benchmarks, and/or for failure to adhere to the

policies and procedures of the Louisiana Medicaid HPE program.

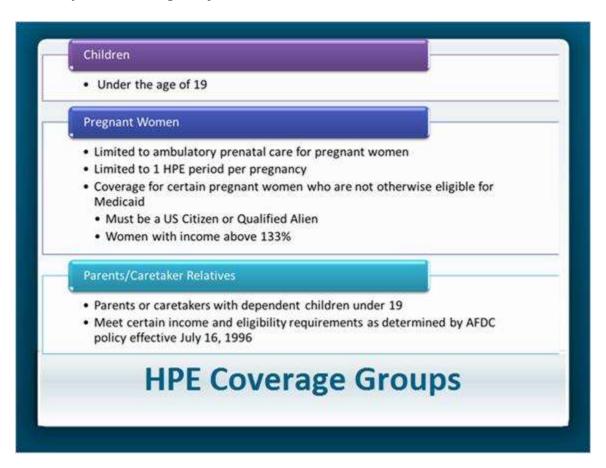
1.15 Who is Eligible to Enroll in Medicaid through HPE?



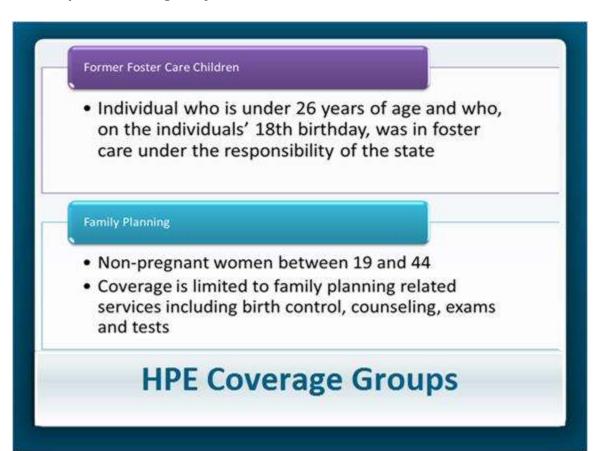
1.16 Populations Eligible for Medicaid via HPE Determinations



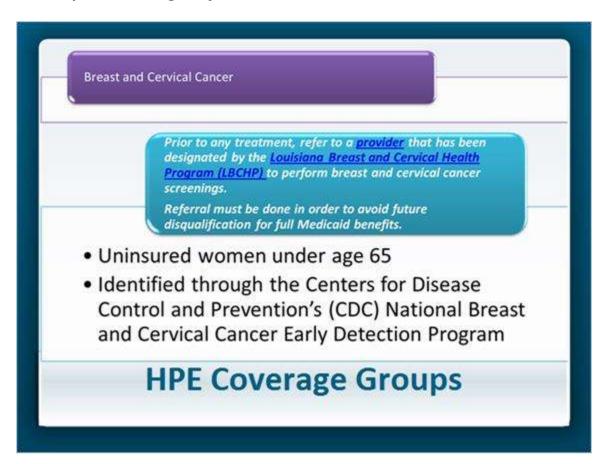
1.17 Populations Eligible for HPE



1.18 Populations Eligible for HPE



1.19 Populations Eligible for HPE

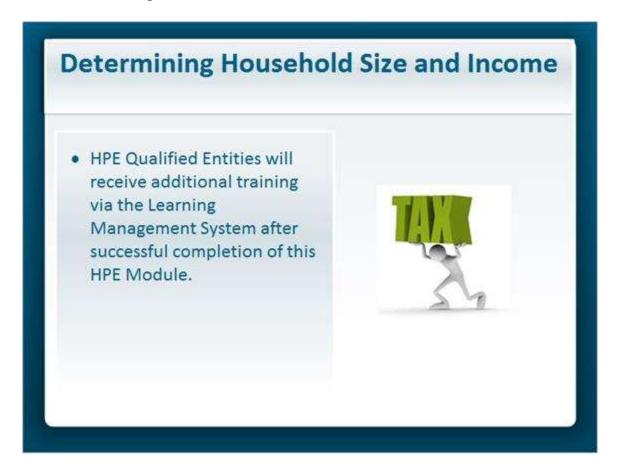


1.20 Duration of Eligibility under HPE

Duration of Eligibility under HPE

- HPE period begins with, and includes, the day on which the hospital makes the HPE determination
- · HPE period ends:
 - The day on which the state makes the eligibility determination for Louisiana Medicaid, or
 - The last day of the month following the month in which the hospital makes the HPE determination, if the individual does not file a Louisiana Medicaid application by that time
 - · Example (for someone who does not file a Medicaid Application):
 - Determination Date: 01-13-2014
 - HPE Period End Date: 02-28-2014
- The HPE period is limited to one per 12 month period or 1 per pregnancy

1.21 Determining Household Size and Income Sources

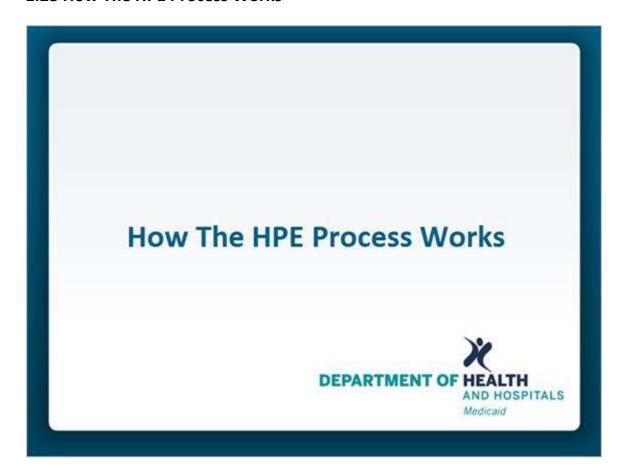


1.22 Covered Services Under HPE

Covered Services Under HPE

- Benefits are the same as those provided under the Medicaid group for which the individual is determined presumptively eligible
 - For example: Family planning group benefits limited to family planning services and supplies
- Exceptions
 - Pregnant women benefits limited to ambulatory prenatal care (birthing expenses are not covered)

1.23 How The HPE Process Works



1.24 The HPE Determination Process

The HPE Determination Process

HPE representative should take the following steps:

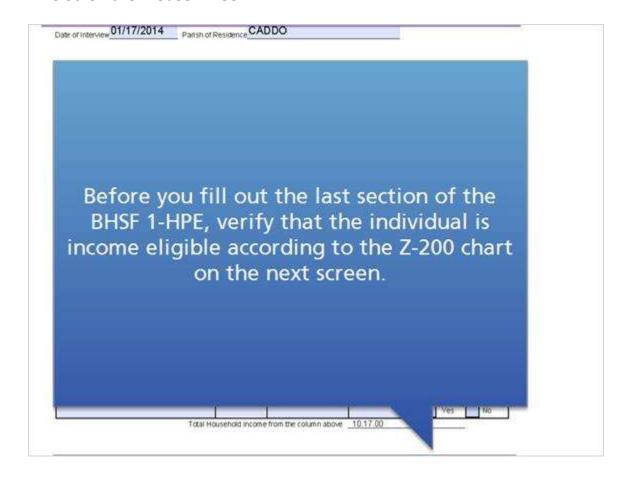
- Confirm whether or not individual is enrolled in LA Medicaid
- Complete BHSF Form 1-HPE if not already enrolled
 - a. Confirm US citizenship status and LA residency
 - b. Determine if the individual falls within an HPE Coverage Group;
 - c. Confirm income eligibility for HPE
- Fax copy of BHSF Form 1-HPE to Louisiana Medicaid at 225-389-2741 or toll free at 877-747-0985
- Provide a copy of BHSF Form 1-HPE to the Individual as proof of eligibility
- 5. Summarize benefits and answer any questions
- 6. Encourage application for full Medicaid and assist Individual by
 - Referring the Individual to an Application Center
 - b. Referral to the Louisiana Medicaid Online Application
 - c. Referral to the Louisiana Medicaid Customer Service Hotline to apply by phone
 - d. Providing Individual with a BHSF 1- A paper application

1.25 BHSF Form 1-HPE

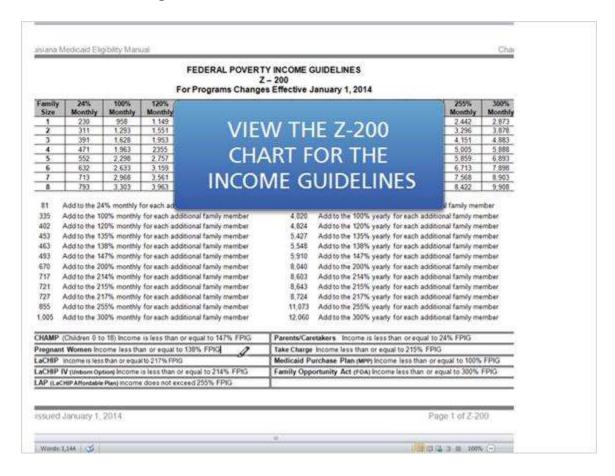
BHSF Form 1-HPE

- A tool for collecting information
- Individual's attestation of financial and other circumstances at the time of assessment
- HPE Representative's attestation that they have verified the individual has not received HPE in the past 12 months and is not currently enrolled in Louisiana Medicaid

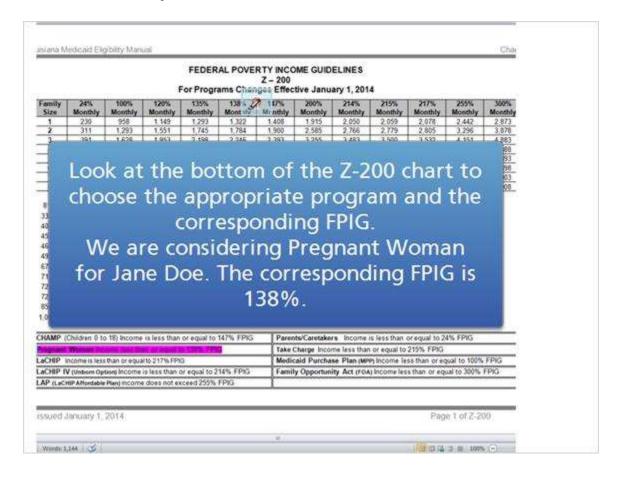
1.26 Scroll the mouse wheel



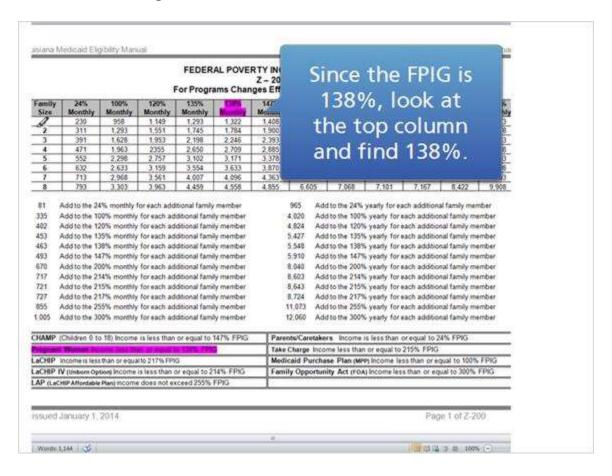
1.27 Click and drag



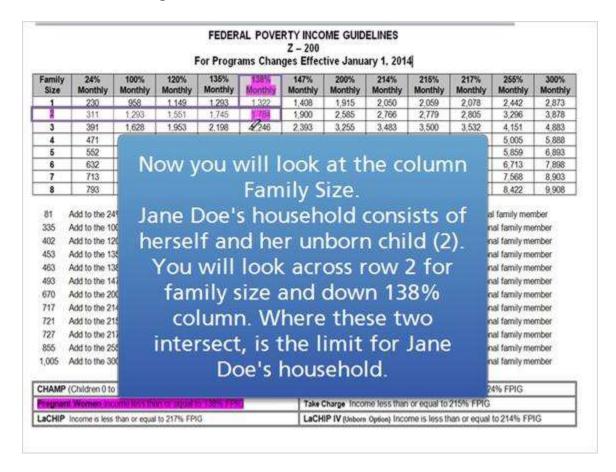
1.28 Click Microsoft Word Document



1.29 Click and drag



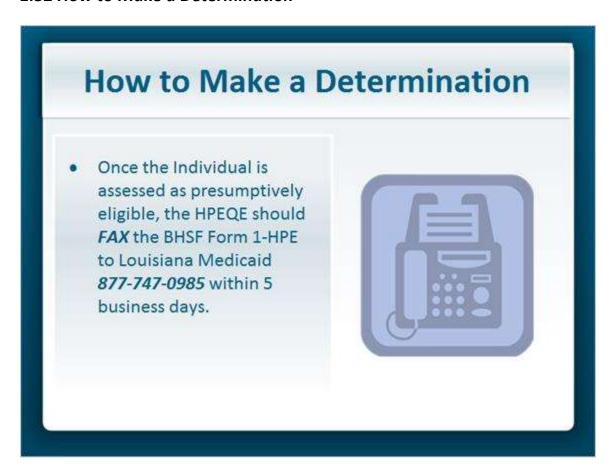
1.30 Click and drag



1.31 Click and drag

Size	24% Monthly	100% Monthly	120% Monthly	135% Monthly	138% Monthly	147% Monthly	200% Monthly	214% Monthly	215% Monthly	217% Monthly	255% Monthly	300% Monthly				
1	230	958	1.149	1.293	1,322	1,408	1,915	2,050	2,059	2,078	2,442	2,873				
2	311	1,293	1,551	1,745	100	1,900	2,585	2,766	2,779	2,805	3,296	3,878				
3	391	1,628	1,953	2,198	4/246	2,393	3,255	3,483	3,500	3,532	4,151	4,883				
4	471	1.063	2255	2.650	2 7/00	2.995	3 025	¥ 200	1 220	4,259	5,005	5,888				
5	552								40	4,986	5,859	6,893				
6	632	Jane Doe is income eligible 80 5,713 6,713 7,888 8,903														
7	713	Ja	ile r	oe i	5 IIIC	OHIE	enc	Jible	81	6,440	7,568	8,903				
8	793	4	~ L	DE C	ove		C	Para I	01	7,167	8,422	9,908				
493 670	Add to the 2 Add to the 2	last portion of the BHSF 1- HPE Now you will fill out the yor each additional family member y for each additional family member														
717 721 727 855						7.						O ROPEN				
721 727 855 1,005	Add to the 3				CHAMP (Children 0 to 18) Income is less than or equal to 147% FPIG					Parents/Caretakers Income is less than or equal to 24% FPIG						
721 727 855 1,005	Add to the 3 (Children 0 to			or equal to	147% FPIG	- Description	ALCOHOLOGIC COLORS	ADDITIONAL PROPERTY OF STREET, STREET	erentalis la rentala de la constanta	promotos divorates en	476 FP1G					
721 727 855 1,005	Add to the 3			or equal to	147% FP(G	- Description	ALCOHOLOGIC COLORS	me less than	erentalis la rentala de la constanta	promotos divorates en	470 FPIG					

1.32 How to Make a Determination



1.33 Connecting to Louisiana Medicaid Coverage Outside the Hospital

Connecting to Louisiana Medicaid Coverage Outside the Hospital

Individuals can apply for full Medicaid coverage via:

- Online: LA Medicaid Online Application
- Phone: Medicaid Customer Service Hotline 888-342-6207
- In Person:
- Application Center
- Local Medicaid Office
- Submit a paper BHSF 1-A Application
- Fax: 877-523-2987
- Mail: Medicaid Application Office
 - P.O. Box 91278
 - Baton Rouge, LA 70821-9893

1.34 State Hospital Presumptive Eligibility Contact and Additional Resources

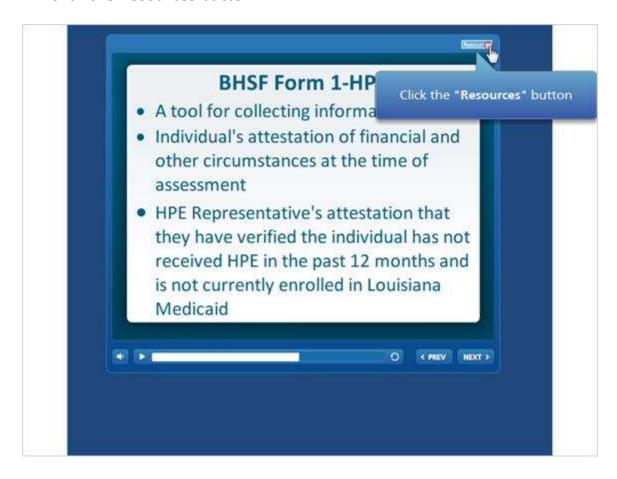
State Hospital Presumptive Eligibility Contact and Additional Resources

- For questions or more information on Louisiana's Hospital Presumptive Eligibility policies, please contact:
 - Kate Honeycutt, (225)342-0441
 - HPE@LA.gov

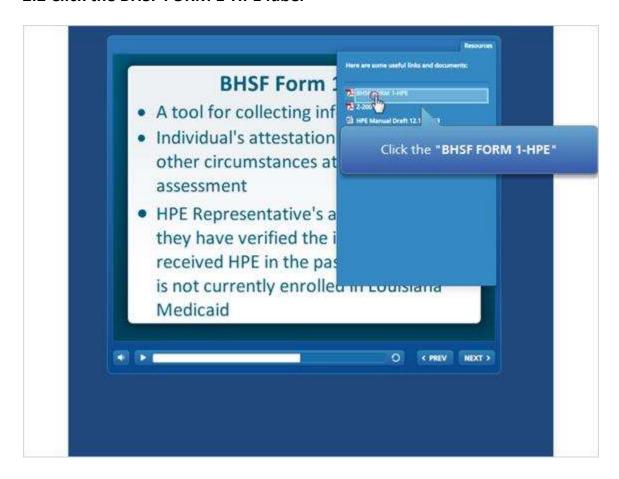


2. BHSF FORM 1-HPE

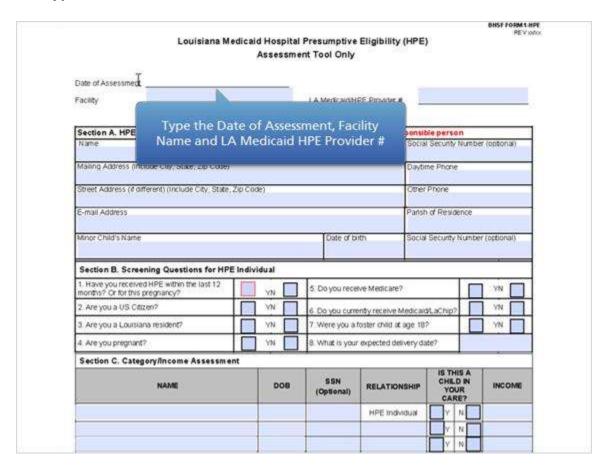
2.1 Click the Resources button



2.2 Click the BHSF FORM 1-HPE label



2.3 Type 01/20/2014



2.4 Press Capital

	Louisiana N			l Presumptive ent Tool Only		(HPE)		BHSF FORM RE
Date of Assessment	01/20/2014							
Facility	1			LA MedicaidH	PE Provider #			
Section A. HPE In	dividual Information:	ifinds	Adual is a m			sponsible po	erson	
Name				Date o	f Birth	Social Seci	unity Numbe	er (optional)
Mailing Address (Inc.	lude City, State, Zip Code	1				Daytime Pr	none	
Street Address (4 oil)	ferent) (include City, State	Zφ Coc	æ)			Other Phor	e	
E-mail Address						Parish of R	esidence	
Minor Child's Name				Date of b	irth.	Social Seco	unity Numbe	er (optional)
Section B. Scree	ning Questions for HF	E Indiv	idual					
Have you received months? Or for this p	tHPE within the last 12 tregnancy?		YN .	5. Do you rece	eve Medicare?	k		YN 📗
2. Are you a US Cdo	ten?		YN	6. Do you cum	ently receive M	fedicard/LaC	hip?	YN
3. Are you a Louisian	na resident?		YN	7. Were you a	foster child at	age 187		YN
4. Are you pregnant?	8		YN	8. What is you	r expected det	ivery date?		
Section C. Categ	ory/Income Assessm	ent		37.0				
	NAME		008	SSN (Optional)	RELATION	ISHIP C	THIS A HILD IN YOUR CARE?	INCOME
					HPE Indiv	idual	Y N	
-								

2.5 Type GENERAL HOSPITAL

Louisiana M			l Presumptive		(HPE)		BHSF F	REV
Date of Assessment 01/20/2014			LA MedicaidH	PE Provider #				
Section A. HPE Individual Information:			ESCAPINATED					
Name	il indiv	nousi is a m		f Birth			mber (option)	36)
Mailing Address (Include City, State, Zip Code	9:				Daytime Pi	none		
Street Address (if different) (include City, State	. Ζφ Co	(e)			Other Phor	re		
E-mail Address					Parish of R	esideno		_
Minor Child's Name			Date of b	ith	Social Sec	unty Nu	mber (options	s()
Section B. Screening Questions for HF	E Indiv	idual	_					_
Have you received HPE within the last 12 months? Or for this pregnancy?		YN .	5. Do you rece	ive Medicare?	te.		- YN	
2. Are you a US Citizen?		YN	6. Do you cum	ently receive N	/edicaid/LaC	hip?	VN	
3. Are you a Louisiana resident?		YN	7. Were you a	foster child at	age 18?	1	YN	
4. Are you pregnant?	T	YN	8. What is you	expected del	ivery date?			_
Section C. Category/Income Assessm	ent	-						
NAME		DOB	SSN (Optional)	RELATION	(SHIP	HILD B YOUR CARE?	INCO	OME
				HPE Indiv		Y N		
						Y N		
				_		-		

2.6 Type ABC123

	Louisiana M	edicaio	d Hospita	l Presumptive	Eligibility	(HPE)		BHSF FORM
			Assessm	ent Tool Only		8 51		
Date of Assessment	01/20/2014							
Facility	GENERAL HOSE	PITAL		LA MedicaidH	IPE Provider #	1_		
Section A. HPE In	idividual Information:	irindiv	idual is a m	inor child, compl	lete for the re	sponsible p	erson	
Name			-	Date o	of Birth	Social Sec	unity Numbe	x (obgousy)
Mailing Address (Inc	lude City, State, Zip Code	-				Daytime P	none	
Street Address (if on	ferent) (include City, State	, Zip Cod	(e)			Other Pho	ne	
E-mail Address						Parish of F	Residence	
Minor Child's Name				Date of b	(ith)	Social Sec	unty Numbe	r (optional)
Section B. Scree	ning Questions for HP	E Indivi	dual	1				-
Have you received months? Or for this p	d HPE within the last 12 pregnancy?		YN .	5. Do you rece	sive Medicare?	te.		YN 🔲
2. Are you a US Cto	ten?		YN	6 Do you cum	ently receive h	redicard/LaC	thip?	YN
3. Are you a Louisian	na resident?		YN	7. Were you a	foster child at	age 18?		YN
4. Are you pregnant?	8)		YN	8. What is you	r expected del	ivery date?		
Section C. Categ	ory/Income Assessm	ent		15761	21	5000		
	NAME		008	SSN (Optional)	RELATION		S THIS A CHILD IN YOUR CARE?	INCOME
					HPE Indiv	idual	Y N	
-							Contract of the last	

2.7 Type JANE DOE

	Louisiana M	edicaid Hospital Pr	esumptive	Eligibility	(HPE)				REV
		Assessment			8 8				
Date of Assessment	01/20/2014								
Facility	GENERAL HOSP	ITAL	.A MedicaidH	PE Provider #	ABO	12	3		
Section A. HPE In	ndividual Information:	if individual is a minor	child comple	ete for the res	ponsible (pers	on	_	
Name			Date o		Professional company	-	-	ober	(optonal)
Mailing Address (Inc	dude City, State, Zip Code)		1		Daytime I	non	e	_	
Street Address (if or	fferent) (include City, State,	Zip Code)			Other Ph	ne		_	
E-mail Address					Parish of	Resid	ence		
			Date of b	dis.	Saria Sa	ni selle.	Mire	nhver	(octional)
Minor Child's Name). 		Date of o	101	Social Sc			19001	
	dividual needin	information v	nor child	I, the Re ere	spons	ibl			
If the in	dividual needin	information w	nor child vill go he	I, the Re ere	spons very date?	ibl	e P	ers	
If the in	dividual needin i	information w	nor child vill go he	I, the Re ere	spons	ibl	e P	ers	
If the in	dividual needin	Information w	nor child yill go he what is you	I, the Reere.	spons very date?	IS THE CHE.	e P	ers	son's

2.8 Type 01/17/1984

	Louisiana l	Medicaid Hospit	al Presumptive		(HPE)				REV
400 ESTANGESTANA ESSAN	01/20/2014	0.000,0.000							
Date of Assessment Facility	GENERAL HOS	PITAL	LA Medicaidh	IPE Provider #	AB	C1:	23		
Section A. HPE Ir	ndividual Information	if individual is a	minor child, comp	lete for the res	ponsibil	eper	son	_	
Name JANE DOE			THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	of Birth	Management of the last	_	-		r (optional)
Mailing Address (Inc	lude City, State, Zip Cod	é)			Daytim	e Pho	ne		
Street Address (4 or	ferent) (include City, Stat	te, Zip Code)			Other P	hone	-		
E-mail Address					Parish (d Res	den	ce	
Minor Child's Name			Date of t	elen.	Social S	ecun	ly No	mber	r (optional)
Section B. Scree	ning Questions for H	PE Individual	1	1					_
Have you receive months? Or for this :	d HPE within the last 12 pregnancy?	YN	5. Do you rec	elve Medicare?	88				YN 🔲
2. Are you a US Cito	ten?	YN	6 Do you cum	ently receive M	ledicard1	aChi	97		VN
3. Are you a Louisia	na resident?	YN [7. Were you a	foster child at	age 18?		T		YN
4. Are you pregnant	tis	YN	8. What is you	r expected des	very date	17			
Section C. Categ	ory/Income Assessm	ent	7.575					_	
	NAME	008	SSN (Optional)	RELATION	SHIP	CH	LD I	N	INCOME
				HPE Indivi	dual		N		
				-	-	-	-	ALC: UNKNOWN	

2.9 Type 111-11-1111

	Louisiana M			al Presum	200 M	Eligibility	(HPE)			0851	PE V
Date of Assessment	01/20/2014		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·y						
Facility	GENERAL HOSE	PITAL		LA Med	icaidHi	PE Provider #	AB	C12	23		
Section A. HPE In	dividual Information:	ifinds	Adual is a n	minor child,	comple	te for the re	sponsible	per	son		
JANE DOE					Date of	STOTE OF STREET	Social S	ecun	ly Nur	per (objec	onal)
Maling Address (Inc	lude City, State, Zip Code			-12			Daytime	Pho	ne		
Street Address (if air	ferent) (include City, State	, Zφ Co	de)				Otter P	none	-		
E-mail Address							Parish o	Res	deno		
Minor Child's Name				Da	de of bi	th	Social S	ecuri	y Nur	ber (optio	onal)
Section B. Scree	ning Questions for HP	E Indiv	idual								
Have you received months? Or for this p	HPE within the last 12 xegnancy?		YN .	5 Doy	ou recei	ve Medicare?	8			YN	
2. Are you a US Cito	ten?		YN	6 Doys	ou cume	intly receive N	fedicards.	aChip	57	- YN	
3. Are you a Louisian	na resident?		YN	7 Were	you a f	foster child at	age 18?		1	YN	
4. Are you pregnant	8		YN	8. What	is your	expected det	very date	9			
Section C. Categ	ory/Income Assessm	ent									
	NAME		008	SS (Opti-	200111	RELATION	ISHIP	CH	HIS A LD IN DUR RE?		OME
						HPE Indiv	idual [J	N[
									l n		

2.10 Type 123 APPLE ST, SHREVEPORT, LA 71105

	Louisiana M			al Presumptive	10.00	ty (HPE)			REV
Date of Assessment	01/20/2014								
Facility	GENERAL HOSE	PITAL		LA Medicaidh	HPE Provide	ABC	123		
Section A. HPE In	dividual Information:	irindis	Adual is a m	ninor child, comp	lete for the	responsible p	erson		
JANE DOE				01/17	of Birth	Social Sec 111-11-		mber (op	iğonal)
	lude City, State, Zip Code			0000	,1004	Daytime P	0.1450		
Street Address (if gir	ferent) (include City, State	, Zφ Cοι	(e)			Other Pho	ne		
E-mail Address						Parish of R	residen	e	
Minor Child's Name				Date of t	oith	Social Sec	unty Nu	mber (op	tional)
Section B. Scree	ning Questions for HP	E Indiv	idual	-1					_
Have you received months? Or for this p	dHPE within the last 12 tregnancy?		YN .	5 Do you rec	elve Medicar	re?			N 📗
2. Are you a US Cto	ten?		YN	6. Do you cun	ently receive	e Medicaid/LaC	hip?		(N
3. Are you a Louisian	na resident?		YN	7. Were you a	foster child	at age 18?			rN 🔲
4. Are you pregnant	8		198	8. What is you	r expected o	delivery date?			
Section C. Categ	ory/Income Assessm	ent		7.54					-
	NAME		800	SSN (Optional)	RELATI	ONSHIP	S THIS CHILD I YOUR CARE?	§ o	NCOME
					HPE In		Y N		
1									

2.11 Type 318-555-1234

	Louisiana M		10000000000000000000000000000000000000	ent Tool Onl	800 ST S	(HPE)		REY
Date of Assessment	01/20/2014							
Facility	GENERAL HOSE	PITAL		LA Medicaid	MPE Provider	, ABC	123	
Section A. HPE In	dividual Information:	irindis	Adual is a m	inor child, com	plete for the re	esponsible p	erson	
JANE DOE				75-037	of Birth 7/1984	Social Sec		er (optonal)
Malling Address (Inc	lude City, State, Zip Code)			1200)	Daytime P	00.000	
	SHREVEPORT, LA						-	
Street Address (if dif	ferent) (include City, State	ZØ Co	de)			Other Pho	ne	
E-mail Address						Parish of R	residence	
Minor Child's Name				Date of	birth	Social Sec	unty Numbe	er (optional)
Section B. Scree	ning Questions for HP	E Indiv	idual					
Have you receive months? Or for this :	HPE within the last 12 cregnancy?		YN .	5 Do you're	ceive Medicare	?		: YN
2. Are you a US Cto	ten?		YN	6 Do you cu	crenty receive	Medicaid/LaC	hip?	YN
3. Are you a Louisia	na resident?		YN	7. Were you	a foster child a	tage 187		YN
4. Are you pregnant		T	YN	8. What is yo	our expected de	sivery date?		
Section C. Categ	ory/Income Assessme	ent	-					-
	NAME		800	SSN (Optional)	RELATIO	NSHIP (S THIS A CHILD IN YOUR CARE?	INCOME
					HPE Indi	vidual	Y N	
							YN	1

2.12 Type SAME

			Asses	sme	nt Tool Only						
Date of Assessment	01/20/2014										
Facility	GENERAL HOSE	PITAL		ī.	LA MedicaidH	PE Provider #	AB	C12	23		
Section A. HPE In	idividual Information:	irindis	Adual is	a mir	nor child, compl	ete for the res	ponsible	per	son		
JANE DOE					01/17/	FBrth M 984	Social 8			ber (optional))
Malling Address (Inc	ude City, State, Zip Code , SHREVEPORT, L		15		10000		Daytime 318-5	Pho	ne		
Street Address (if or	ferent) (include City, State	, Zip Co	Se)				Other P	none			
E-mail Address							Parish o	Res	dence		_
Minor Child's Name					Date of b	irth	Social S	ecuri	ly Numi	ber (optional)) ·
Section B. Scree	ning Questions for HF	E Indiv	idual		-1	1					_
Have you receive months? Or for this:	d HPE within the last 12 pregnancy?		YN		5. Do you rece	eve Medicare?	80		10	VN.	
2. Are you a US Citi	ten?		YN		6 Do you cum	ently receive M	ledicaid).	aChip	97	YN	
3. Are you a Louisia	na resident?		YN		7. Were you a	foster child at	age 18?			YN	
4. Are you pregnant	8		YN		8. What is you	r expected deli	very date	9			
Section C. Categ	ory/Income Assessm	ent		-	100	pr.			none son	-	
	NAME		DC	90	SSN (Optional)	RELATION	SHIP	CH	HIS A LD IN OUR IRE?	INCOM	ME
					-		-	_	THE RESERVE	_	

2.13 Type 318-779-1111

	Louisiana	Medicaid Hospit Assessn	al Presumptive nent Tool Only		(HPE)				
Date of Assessment	01/20/2014								
Facility	GENERAL HOS	SPITAL	LA MedicaidH	PE Provider	A	BC1	23		
Section A. HPE In	ndividual Information	if individual is a r	ninor child, compl	ete for the re	sponsib	le per	son		
JANE DOE			01/17/	1984	Social 111-				r (optonal)
LIPATION SPREECH STOREGOEST (SPECIFIC	suce City, State, Zip Coo., SHREVEPORT, I	-17			Daytin 318-	ACRES AND AND		4	
Street Address (if or SAME	ferent) (include City, Stat	te, Zip Code)			Ctrer	none			
E-mail Address					Parish	of Re	siden	ce	
Minor Child's Name	-		Date of b	irth	Social	Secur	ty N	umber	r (optional)
Section B. Scree	ning Questions for H	PE Individual	-		_				
1. Have you receive months? Or for this	d HPE within the last 12 pregnancy?	YN	5. Do you rece	eve Medicare	?			Г	YN 🔲
2. Are you a US Citi	ten?	YN	6 Do you cum	ently receive t	Medicard	Lach	p?		VN
3. Are you a Louisia	na resident?	YN	7. Were you a	foster child at	age 187	1	T		YN
4. Are you pregnant	₹:	YN	8. What is you	r expected de	svery da	le7			
Section C. Categ	ory/Income Assessn	nent					-		-
	NAME	000	SSN (Optional)	RELATIO	NSHIP	CH	THIS ILD OUR ARE	N	INCOME
				HPE Indi	ndual		N		

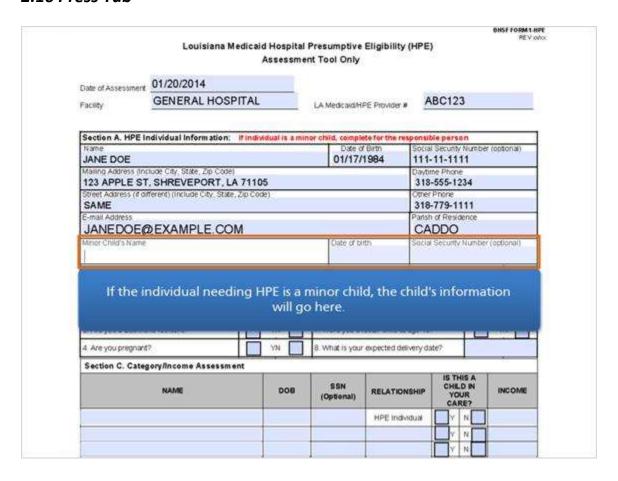
2.14 Type JANEDOE@EXAMPLE.COM

	Louisiana M		0.0000000000000000000000000000000000000			(HPE)			BHSF FORM
			Assessm	ent Tool Onl	У				
Date of Assessment	01/20/2014	nya jegota ketoan							
Facility	GENERAL HOSE	PITAL		LA Medicald	MPE Provider #	ABO	0123		
Section A. HPE In	dividual Information:	irindiv	idual is a m	inor child, com	plete for the re	sponsible	person		
JANE DOE				75-037	7/1984	Social Se		mber	(optonal)
	lude City, State, Zip Code;	-		10111	(11004)	Daytime	100000000000000000000000000000000000000		
LIPATION SPENCE PROPERTY AND	SHREVEPORT, LA		5			318-55	Market Street	12	
Street Address (if or SAME	ferent) (include City, State	, Zψ Coc	(e)			Other Phi 318-77		1	
E-mail Address						Parish of	Residen	oe .	
Minor Child's Name				Date of	birth	Social Se	curty Nu	mber ((optional)
Section B. Scree	ning Questions for HP	E Indiv	idual	1					
Have you receive months? Or for this :	HPE within the last 12 cregnancy?		YN .	5. Do you re	ceive Medicare'	20.			YN 🔲
2. Are you a US Coo	ten?	2	YN	6 Do you cu	rrently receive t	Medicaid\(\text{La}\)	Chip?		YN
3. Are you a Louisia	na resident?		YN	7. Were you	a foster child at	age 18?			YN
4. Are you pregnant	8		YN	8. What is yo	our expected de	ivery date?			
Section C. Categ	ory/Income Assessme	ent		200					. **
	NAME		008	SSN (Optional)	RELATION		CHILD IN YOUR CARE?	N	INCOME
					HPE Indiv	ndual	Y N		
É							Y N		
							y N		

2.15 Type CADDO

	Louisiana Me	edicald Hospital		0 55 50	(HPE)				BHSF FORM
		Assessme	nt Tool Only						
Date of Assessment	01/20/2014								
Facility	GENERAL HOSP	ITAL	LA MedicaidH	PE Provider #	AE	3C12	23		
Section A. HPE In	ndividual Information:	if individual is a mir	or child, comple	ete for the res	ponsibl	eper	son		
JANE DOE			01/17/		111-1		25000		r (optonal)
123 APPLE ST	uce City, State, Zip Code) , SHREVEPORT, LA		T.S. C.S.	5-5-7/	318-6	e Pho	ne		
Street Address (if or SAME	ferent) (include City, State,	Zip Code)			Other F 318-1			1	
E-mail Address JANEDOE	EXAMPLE.COM	И			Parish (d Res	den	ce	
Minor Child's Name			Date of b	ith	Social S	Securi	y N	umbe	r (optional)
Section B. Scree	ning Questions for HPE	Individual		-			ī		
Have you receive months? Or for this	d HPE within the last 12 pregnancy?	YN	5. Do you rece	ive Medicare?	8		1		YN.
2. Are you a US Cito	zen?	YN	6. Do you cum	ently receive M	edicaids	aChip	07	Г	YN
3. Are you a Louisia	na resident?	YN	7. Were you a	foster child at	age 18?		T		YN
4. Are you pregnant	₹.	178	8. What is your	expected des	very dat	17			
Section C. Categ	ory/Income Assessme	nt	**						
	NAME	900	SSN (Optional)	RELATION	SHIP	CH	HIS LD OUR RE	IN	INCOME
				HPE Indivi	dual		N		
							N		

2.16 Press Tab



2.17 Press Tab

	Louisiana Medica	id Hospital P	resumptive Eligibi	ity (HPE)	6	/MEV
		Assessment	t Tool Only			
Date of Assessment	01/20/2014					
Facility	GENERAL HOSPITAL		LA Medicaid/HPE Provid	er# A	BC123	
Section A. HPE In	dividual Information: If indi	vidual is a minor	r child, complete for the	responsib	deperson	
JANE DOE			Oate of Birth 01/17/1984	Social	Security Numb	oer (optional)
13/14-01009/v+050000F/St/0000	ude City, State, Zip Code) , SHREVEPORT, LA 711		***************************************	10-CA100	555-1234	
Sec		plican er the	questio	ing ns		
Sed ba	tion B: App Answers ased on the DDITIONAL	plican er the e indiv . VERI	questio /idual's i FICATIO	ing ns esp N A	Ques onse LLOV	
Sec ba NO A	tion B: App Answersed on the DDITIONAL	plican er the e indiv	questio /idual's i	ing ns esp N A	Ques onse LLOV	
Sec ba NO A	tion B: App Answers ased on the DDITIONAL	plican er the e indiv . VERI	questio /idual's i FICATIO	ing ns esp N A	Ques onse LLOV	
Sec ba NO A	tion B: App Answersed on the DDITIONAL	plican er the e indiv . VERI	questio /idual's i FICATIO	ing ns esp N A	Ques onse LLOV	
Sec ba NO A	Answersed on the DDITIONAL	plican er the e indiv VERI	questio /idual's i /idual's i //idual's i	ing ns esp N A	Ques	VED.
Sec ba NO A	Answersed on the DDITIONAL	plican er the e indiv VERI	questio /idual's i /idual's i //idual's i	ing ns esp N A	Ques Onse LLOV	VED.

2.18 Press Tab

		A	ssessme	nt Tool Only						
Date of Assessment	01/20/2014									
Facility	GENERAL HOS	PITAL		LA MedicaidH	PE Provider #	AE	3C12	23		
Section A. HPE In	ndividual Information	ifindivid	fual is a mir	nor child, compl	ete for the re-	sponsibi	eper	son	_	
JANE DOE				01/17/	f Birth	111-1			mber	(optonal)
Maling Address (Inc.	uce City, State, Zip Cook, SHREVEPORT, L	17,		12		Daytim 318-	e Pho	ne	12	
Street Address (if oil SAME	ferent) (include City, Stat	e, Zip Code	0			Other F 318-7	4		1	
E-mail Address JANEDOE	EXAMPLE.CC	OM				Parish CAL	10000	1	oe .	
Minor Child's Name				Date of b	ith	Social S	Securi	ly Nu	mber	(optional)
Section B. Scree	ning Questions for H	PE Individ	ual							_
Have you receive months? Or for this p	d HPE within the last 12 pregnancy?		YN 🔲	5. Do you rece	ive Medicare?	N.				YN 📗
2. Are you a US Cto	ten?		YN .	6 Do you cum	ently receive N	/edicard/	LaChip	97		YN
3. Are you a Louisian	na resident?		YN	7. Were you a	foster child at	age 187				YN
4. Are you pregnant	8		YN	8. What is you	expected del	ivery dat	e7:			
Section C. Categ	ory/Income Assessm	ent		100	0.1			-		
	NAME		908	SSN (Optional)	RELATION	SHIP	CH	HIS I	N	INCOME
					HPE Indiv	STUDY		I N		

2.19 Click the panel

	Carolatana W		B	CHAIR DIS	COREY		BHSF FORM 1
	Louisiana Medi	VEVEN CO. CO. C.	Presumptive ent Tool Only	Eligibility	y (HPE)		
Date of Assessment	01/20/2014						
Facility	GENERAL HOSPITA	AL	LA MedicaidH	PE Provider	" ABC1:	23	
Section A. HPE In	ndividual Information:	ndividual is a mi	nor child, comple	ete for the r	esponsible per	son	
JANE DOE			01/17/	DATE OF THE PARTY	111-11-1		er (optional)
LIFATOUR SPRINGS PROGRAMMENT AND	lude City, State, Zip Code) , SHREVEPORT, LA 71	1105			318-555-1	100	
Street Address (if or SAME	ferent) (include City, State, Zip	Code)			Other Phone 318-779-		
E-mail Address JANEDOE	EXAMPLE.COM				Parish of Res		
Minor Child's Name			Date of b	ith	Social Securi	ty Numbe	er (optional)
Section B. Scree	ning Questions for HPE In	dividual	-1		1		
Have you receive months? Or for this	d HPE within the last 12 pregnancy?	YN	5. Do you rece	ive Medicare	27		YN 🔲
2. Are you a US Cito	zen?	YN	6. Do you cum	ently receive	MedicaidsLaChi	p?	YN
3. Are you a Louisia	na resident?	YN	7. Were you as	foster child a	t age 18?		YN
4. Are you pregnant	3	YN	8. What is your	expected di	elivery date?		
Section C. Categ	ory/Income Assessment		100				
	NAME	900	SSN (Optional)	RELATIO	NSHIP CH	HIS A LD IN OUR LRE?	INCOME
				HPE Ind	Indual Y	N.	
É						N	
				1	Y	10	

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	Louisidila M				Presumptive nt Tool Only		(in e)				
Date of Assessment	01/20/2014										
Facility	GENERAL HOSE	PITAL		Ĭ.	LA MedicaidH	PE Provider #	AB	C12	23		
Section A. HPE In	ndividual Information:	ifindiv	Adual is	amir	nor child, compl	ete for the re-	sponsible	per	een		
JANE DOE			-			of Birth		ecun	y Nun	ber (optonal)
THE TAXABLE PROPERTY OF THE PARTY OF THE PAR	tude City, State, Zip Code , SHREVEPORT, Li		15				318-5				
Street Address (if or SAME	ferent) (include City, State	Zip Cod	(e)				Otrer P 318-7		111		
E-mail Address JANEDOE	EXAMPLE.CO	М					CAE				
Minor Child's Name					Date of b	irth	Social S	ecunt	y Nur	ber (optional)
Section B. Scree	ning Questions for HF	E Indiv	idual		-1						-
Have you receive months? Or for this p	d HPE within the last 12 pregnancy?		YN	V	5. Do you rece	sive Medicare?	N.				YN 📗
2. Are you a US Cito	ten?		YN		6 Do you cum	ently receive N	redicards.	aChip	17		YN E
3. Are you a Louisia	na resident?		YN		7. Were you a	foster child at	age 18?				YN T
4. Are you pregnant	8		YN		8. What is you	r expected del	ivery date	9			
Section C. Categ	ory/Income Assessm	ent			100				-		**
	NAME		Di	08	SSN (Optional)	RELATION	ISHIP	CHI	HIS A LD IN DUR RE?		INCOME
						HPE Indiv	idual [Y	N		

2.21 Click the panel

			110000	and pro-	Presumptive nt Tool Only		8 6				
Date of Assessment	01/20/2014										
Facility	GENERAL HOSE	PITAL			LA MedicaidH	PE Provider #	AB	C12	23		
Section A. HPE In	dividual Information:	irindis	Adual is	a min	or child, compl	ete for the res	ponsible	per	son	_	
JANE DOE					01/17/	1 Birth 1984	Social S 111-1			ber (o	pāoriai)
LIPATION APPROXIMENTAL PROPERTY OF THE	uce City, State, Zip Code SHREVEPORT, L		15				Saytime 318-5				
Street Address (# oif SAME	ferent) (include City, State	, Zφ Co	(e)				Otter P 318-7				
E-mail Address JANEDOE	EXAMPLE.CO	М					Parish o				
Minor Child's Name					Date of b	irth	Social S	ecuri	ly Nur	ber (o	ptional)
Section B. Scree	ning Questions for HF	E Indiv	idual								-
Have you received months? Or for this p	tHPE within the last 12 tregnancy?		YN	V	5. Do you rece	eve Medicare?	88			T)×	YN 📗
2. Are you a US Cep	ten?	V	YN		6. Do you cum	ently receive M	ledicardt.	aChip	07		YN E
3. Are you a Louisian	na resident?		YN		7. Were you a	foster child at	age 187				YN F
4. Are you pregnant?	8		YN		8. What is you	r expected deli	very date	9			
Section C. Categ	ory/Income Assessm	ent		0.00	***				nenene		~
	NAME		00	00	SSN (Optional)	RELATION	SHIP	CH	HIS A LD IN OUR IRE?		INCOME
						HPE Indiv	F.		IN		

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	Louisiana I	Medicaid Hospit		Eligibilit	y (HPE)				REV
		Assessn	ent Tool Only						
Date of Assessment	01/20/2014								
Facility	GENERAL HOS	PITAL	LA MedicaidH	PE Provider	" A	BC1	23		
e.w. a upe i	dividual Information								
Name	dividual information.	ir maryagar is a r		Brtn					(optonal)
JANE DOE			01/17/	DATE OF THE PARTY	111-				SCHOOL STA
THAT THE STREET STREET STREET	ude City, State, Zip Code, SHREVEPORT, L		***********		Saytin 318-	555-		4	
Street Address (if on SAME	ferent) (Include City, Stat	e, Zip Code)			774700000	779-		1	
JANEDOE	EXAMPLE.CO	OM			Parish	of Res	Acres 6	ce	
Minor Child's Name			Date of b	ith	Social	Secur	ly N	umber	(optional)
Section B. Scree	ning Questions for H	PE Individual	-1		1		_		
Have you received months? Or for this p	HPE within the last 12 regnancy?	YN V	5. Do you rece	ive Medicar	e?				YN 📗
2. Are you a US Cto	en?	VN	6. Do you cum	ently receive	Medicaid	Lachi	07	Г	YN
3. Are you a Louisian	na resident?	V YN	7. Were you a	foster child	at age 187	1	T		YN 📗
4. Are you pregnant?	8	YN	8. What is you	expected d	lelivery da	te7	1		
Section C. Categ	ory/Income Assessm	ent	1570						. *
	NAME	008	SSN (Optional)	RELATION	ONSHIP	CH	LD OUR	N	INCOME
				HPE Inc	dvidual		IN		
					The latest the second second			_	

2.23 Click the panel

	Louisiana		Control of the Control	Presumptive nt Tool Only		(HPE)				-
Date of Assessment	01/20/2014									
Facility	GENERAL HOS	PITAL		LA MedicaidH	PE Provider #	AE	3C1	23		
Section A. HPE In	ndividual Information	c if individua	if is a min	or child, comple	ete for the res	ponsibil	eper	son		
JANE DOE				01/17/		Social :				r (optonal)
LIPATION SPREECH STOREGOEST (SPECIFIC	uce City, State, Zip Cod , SHREVEPORT, I	17.				318-6		-	4	
Street Address (if or SAME	ferent) (include City, Sta	te, Zip Code)				Otrer P 318-7	Marines N		1	
E-mail Address JANEDOE	EXAMPLE.CO	DΜ				Parish (ce	
Minor Child's Name				Date of b	ith	Social S	Securi	ly No	umber	r (optional)
Section B. Scree	ning Questions for H	PE Individua	ıl	1	-					
1. Have you receive months? Or for this	d HPE within the last 12 pregnancy?		N V	5. Do you rece	ive Medicare?	8				YN 🔲
2. Are you a US Citi	ten?	V	N I	6 Do you cum	ently receive M	edicaids	LaChi	97		VN
3. Are you a Louisia	na resident?	V	N	7. Were you a	foster child at	age 18?		T		YN
4. Are you pregnant	र	V Y	N 📗	8. What is your	expected deli	very date	67			
Section C. Categ	ory/Income Assessn	nent						new m		
	NAME		008	SSN (Optional)	RELATION	SHIP	CH	LD I	N	INCOME
					HPE Indivi	dual	Y	N		
					-			+		

2.24 Click the panel

	Louisiana N		11-11-11		Tool Only						
Date of Assessment	01/20/2014										
Facility	GENERAL HOS	PITAL			LA MedicaidH	PE Provider #	AB	C12	23		
Section A. HPE In	ndividual Information:	irindiv	idual is a	minor	child, compl	ete for the res	ponsible	per	son	_	
JANE DOE					01/17/	1 Birth 1984	Social 3 111-1			ber (optona)
LIPATION SPENCE PROPERTY AND	ude City, State, Zip Code, SHREVEPORT, L		5				318-5				
Street Address (if or SAME	ferent) (include City, Stati	e, Zip Cod	e)				Other P 318-7	50000			
E-mail Address JANEDOE	EXAMPLE.CC	M					Parish o				
Minor Child's Name					Date of b	ith	Social S	ecun	ly Nur	ber (optional)
Section B. Scree	ning Questions for Hi	PE Indivi	dual		1	1					-1
Have you receive months? Or for this ;	d HPE within the last 12 pregnancy?		YN V		5. Do you rece	sve Medicare?	8				YN 🗸
2. Are you a US Cito	ten?	V	YN		6 Do you cum	ently receive M	edicards	aChip	p?		YN
3. Are you a Louisia	na resident?	V	YN		7. Were you a	foster child at	age 18?				YN
4. Are you pregnant	8	V	YN		9. What is you	r expected deli	very date	7			
Section C. Categ	ory/Income Assessm	ent		-					nenomen.		~
	NAME		000	10	SSN (Optional)	RELATION	SHIP	CH	THIS A LD IN OUR LRE?		INCOME
-						HPE India	[1	IN		

2.25 Click the panel

	Candatana	dissid the set	al Deser	en France				BHSF FORM 1-
	Louisiana Me	100000000000000000000000000000000000000	ment Tool	5773300 57	ity (HPE)			
Date of Assessment	01/20/2014							
Facility	GENERAL HOSPI	TAL	LA Medi	aidHPE Provid	er # A	BC12	3	
Section A. HPE In	ndividual Information:	findividual is a	minor child, o	omplete for the	e responsib	ie perso	on	
JANE DOE				/17/1984	5777.000	Security 11-11		r (optonal)
LIFATOUR SPRINGS PROGRAMMENT AND	uce City, State, Zip Code) SHREVEPORT, LA	71105	-		577.000	555-12		
Street Address (if or SAME	ferent) (include City, State, 2	Zip Code)			Otner 318-	779-11	111	
E-mail Address JANEDOE	EXAMPLE.COM	1			10000000	of Resid	ence	
Minor Child's Name			Dat	e of birth	Social	Security	Numbe	r (optional)
Section B. Scree	ning Questions for HPE	Individual						
Have you receive months? Or for this:	d HPE within the last 12 oregnancy?	YN V	5 Do yo	u receive Medic	are?			YN 🗸
2. Are you a US Cito	ten?	VN	6 Doyo	currently reces	ve Medicaid	LaChip?	I	YN V
3. Are you a Louisia	na resident?	V YN	7 Were	you a foster chil	d at age 18?	4		YN
4. Are you pregnant	8	✓ YN	8. What	s your expected	delivery dat	te7		
Section C. Categ	ory/Income Assessmen	nt	10000					20
	NAME	008	SSI (Optio	PELAT	TIONSHIP	IS TH CHIL YOU CAR	D IN UR	INCOME
				HPE I	ndvidual		N	
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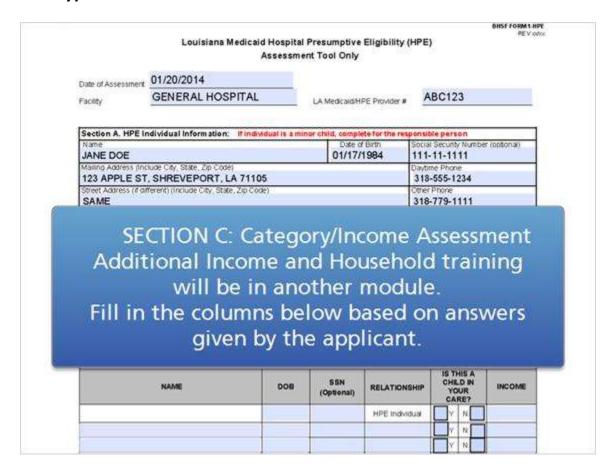
2.26 Click the panel

			Assess	men	t Tool Only		8 50				
Date of Assessment	01/20/2014										
Facility	GENERAL HOS	PITAL		ĺ	LA MedicaidH	PE Provider #	AB	C12	23		
Section A. HPE In	ndividual Information:	irindiv	idual is a	mine	or child, compl	ete for the res	ponsible	per	son		
JANE DOE					01/17/	1984	Social 8 111-1			ber (opt	orial)
LIPATION SPENCE PROPERTY AND	tude City, State, Zip Code , SHREVEPORT, L		5				318-5				
Street Address (if or SAME	ferent) (include City, Stati	e, Zip Cod	(e)				Other P 318-7				
E-mail Address JANEDOE	EXAMPLE.CC	M					CAE				
Minor Child's Name					Date of b	irth	Social S	ecum	ly Num	ber (opti	onal)
Section B. Scree	ning Questions for Hi	PE Indivi	dual		-1:	1					
Have you receive months? Or for this p	d HPE within the last 12 pregnancy?		YN	7	5. Do you rece	sve Medicare?	Š.		1	3 yr	N V
2. Are you a US Cto	ten?	V	YN		6 Do you cum	ently receive M	edicaid1	aChip	07	- 91	V
3. Are you a Louisia	na resident?	V	YN		7. Were you a	foster child at	age 18?			M	V
4. Are you pregnant	8	V	YN		8. What is you	r expected deli	very date	9			
Section C. Categ	ory/Income Assessm	ent		-				-	nenomen.		
	NAME		006		SSN (Optional)	RELATION	SHIP	CHI	HIS A LD IN OUR IRE?	- IN	COME
						HPE India	[INF		

2.27 Type 03/29/2014

	Louisiana N				resumptive Tool Only		(HPE)			BHSF FORE
Date of Assessment	01/20/2014				ALBERT SARBORS					
Facility	GENERAL HOSE	PITAL			LA MedicaidH	PE Provider #	AB	C1:	23	
Section A. HPE In	dividual Information:	ifindiy	fidual is a	mino	child, compl	ete for the re	sponsible	per	son	
JANE DOE					01/17/	1984	Social 8			ber (optional)
THAT THE STREET STREET, STREET	uce City, State, Zip Code , SHREVEPORT, L		5				Daytime 318-5			
Street Address (if oil SAME	ferent) (include City, State	, Zφ Coc	(e) //				Other P 318-7	6575V		
E-mail Address JANEDOE	EXAMPLE.CO	М					Parish o			
Minor Child's Name					Date of b	ith	Social S	ecuri	ty Nurr	ber (optional)
Section B. Scree	ning Questions for HF	E Indiv	idual	_	1		1	_	_	
Have you received months? Or for this p	d HPE within the last 12 tregnancy?		YN		5. Do you rece	ive Medicare'	20.			YN V
2. Are you a US Cito	ten?	V	YN		6 Do you cum	ently receive t	Aedicaids.	aChi	p?	YN V
3. Are you a Louisian	na resident?	1	YN		7. Were you a	foster child at	age 18?			YN 🗸
4. Are you pregnant	8	V	YN		8. What is you	expected de	ivery date	7		1
Section C. Categ	ory/Income Assessm	ent								- 50
	NAME		006	13	SSN (Optional)	RELATION	KSHIP	CH	THIS A LD IN OUR LRE?	INCOM
						HPE Indi	ndual [J	N[
							- 11	- 10	l n	

2.28 Type JANE DOE



2.29 Type 01/17/1984

	Louisiana M	edical	d Hospita	l Presumptive	Fligibilit	v (HPE)		BHSF FORM
	200/3/4/10		0.0000000000000000000000000000000000000	ent Tool Only	0.00	, , ,		
Date of Assessment	01/20/2014							
Facility	GENERAL HOSE	PITAL		LA Medicaidh	IPE Provider	" ABC1	23	
Section A. HPE In	dividual Information:	irindiv	idual is a m	inor child, comp	lete for the r	esponsible per	rson	
JANE DOE				01/17	1984	Social Secur 111-11-1		er (optonal)
LIPATULA PROCEEDING CONTROL OF THE	SHREVEPORT, LA		5	-		318-555-		
Street Address (# aff SAME	erent) (include City, State	, Ζφ Coc	(e)			Other Phone 318-779-		
E-mail Address JANEDOE	EXAMPLE.CO	М				Parish of Re		
Minor Child's Name				Date of t	intri	Social Secur	ty Numb	er (optional)
Section B. Screen	ning Questions for HP	E Indivi	idual			1		
Have you received months? Or for this p	HPE within the last 12 regnancy?		YN V	5. Do you rec	eve Medican	e?		YN 🗸
2. Are you a US Citiz	en?	V	YN	6. Do you cur	ently receive	Medicaid/LaCh	p7	YN 🗸
3. Are you a Louisian	ia resident?	V	YN	7. Were you a	foster child a	at age 18?		YN 🗸
4. Are you pregnant?	55	V	YN	8. What is you	r expected d	elivery date?	03	3/29/2014
Section C. Catego	ory/Income Assessm	ent				*		-
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	ANE DOE				HPE Inc	indual	N	
7.55	CONTRACTOR OF THE PARTY OF THE							

2.30 Type 111-11-1111

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	Louisiana Me			nt Tool Only		(HPE)						
Date of Assessment	01/20/2014											
Facility	GENERAL HOSP	ITAL		LA MedicaidA	HPE Provider #	AB	C12	23				
Section A. HPE In	dividual Information:	rindiv	idual is a min	or child, comp	lete for the res	ip on sibil	eper	son				
JANE DOE				01/17	of Birth /1984	Social 3 111-1			mber	(optonal)		
LIPATION REPORTED ROSCOPULO TRANS	ude City, State, Zip Code; SHREVEPORT, LA	7110	5			318-5			12			
Street Address (# different) (Include City, State, Zip Code) SAME							Other Prore 318-779-1111					
E-mail Address JANEDOE@EXAMPLE.COM							Parish of Residence CADDO					
Minor Child's Name				Date of t	oith	Social S	ecum	y Ni	mber	(optional)		
Section B. Screen	ning Questions for HPE	Indivi	idual			_						
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2. Are you a US C62	en?	V	YN	6. Do you cun	rently receive M	ledicard1	aChip	57		YN 🗸		
3. Are you a Louisian	na resident?	1	YN 🔲	7. Were you a	foster child at	age 18?				YN 🗸		
4 Are you pregnant? VN 8. What is your expected							delivery date? 03					
Section C. Categ	oryfincome Assessmer	nt						nemen.				
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. ,,	ANE DOE		01/17/1984	1	HPE Indiv	dual	Ý	N				
								-	Acres 1			

2.31 Click the panel

		****						BHSF FORM 1 REV	
	Louisiana Medica	Vincent Control	Presumptive nt Tool Only	Eligibility	(HPE)				
Date of Assessment	01/20/2014								
Facility	GENERAL HOSPITA	L	LA MedicaidHP	E Provider #	ABO	123	3		
Section A. HPE In	ndividual Information: If inc	Sydual is a min	or child, comple	te for the re	sponsible p	perso	n		
JANE DOE		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01/17/1	THE RESERVE TO SERVE THE PARTY OF THE PARTY	Social Se 111-11			er (optional)	
LIPATION SENSO PROGRAMMENTO POR	lude City, State, Zip Code) , SHREVEPORT, LA 711	05	-		318-55				
Street Address (if on SAME	ferent) (Include City, State, Zip C	ode)			318-77		111		
JANEDOE	EXAMPLE.COM				Parish of F		ence		
Minor Child's Name			Date of bir	th	Social Sec	cunty	Numbe	er (optional)	
Section B. Scree	ning Questions for HPE Ind	vidual	1						
Have you receive months? Or for this p	d HPE within the last 12 pregnancy?	YN 🗸	5. Do you reces	re Medicare?	te.			YN 🗸	
2. Are you a US Cito	ten?	YN	6. Do you curren	nty receive A	/edicard/Lar	Chip?		YN 🗸	
3. Are you a Louisia	na resident?	YN 📗	7. Were you a fo	oster child at	age 18?			YN 🗸	
4. Are you pregnant		8. What is your expected delivery date?					03/29/2014		
Section C. Categ	ory/Income Assessment				5-11	-	-		
NAME		908	SSN (Optional)	RELATION		CHILL YOU CAR	D IN JR	INCOME	
. ,,	JANE DOE	01/17/1984	111-11-1111	HPE Indiv	dual	-	N.		
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						Y	N		

2.32 Type 1011.00

	Louisiana M	edicai	d Hospital	Presumptive	Eligibility	(HPE)		BHSF FORM
	220101011			nt Tool Only				
Date of Assessment	01/20/2014							
Facility	GENERAL HOSE		LA MedicaidHi	ABC1	23			
Section A. HPE In	dividual Information:	irindis	Adual is a min	or child, comple	ete for the re	sponsible pe	rson	
JANE DOE				01/17/	DATE OF THE PARTY	Social Secu 111-11-1		er (optonal)
LIPATULA PROCEEDING CONTROL OF THE	SHREVEPORT, LA)5			318-555-	The same of the sa	
Street Address (# aff SAME	erent) (include City, State	, Zej Coi	de)			Other Phone 318-779-		
E-mail Address JANEDOE	EXAMPLE.CO	М				Parish of Re		
Minor Child's Name				Date of bi	rth	Social Secur	ity Numb	er (optional)
Section B. Screen	ning Questions for HP	E Indiv	idual	-1				
Have you received months? Or for this p	HPE within the last 12 regnancy?		YN 🗸	5. Do you recei	ive Medicare?	St.		YN 🗸
2. Are you a US Citiz	en?	V	YN	6. Do you curre	ently receive A	Medicaid/LaCh	p?	YN 🗸
3. Are you a Louisian	ia resident?	V	YN	7. Were you a f	foster child at	age 18?		YN 🗸
4. Are you pregnant?	YN	8. What is your	0:	03/29/2014				
Section C. Catego	ory/Income Assessm	ent						
	NAME		DOB	SSN (Optional)	RELATION	SHIP CH	THIS A HLD IN OUR ARE?	INCOME
	ANE DOE		01/17/1984	111-11-1111	HPE Indiv	ndual	N.	

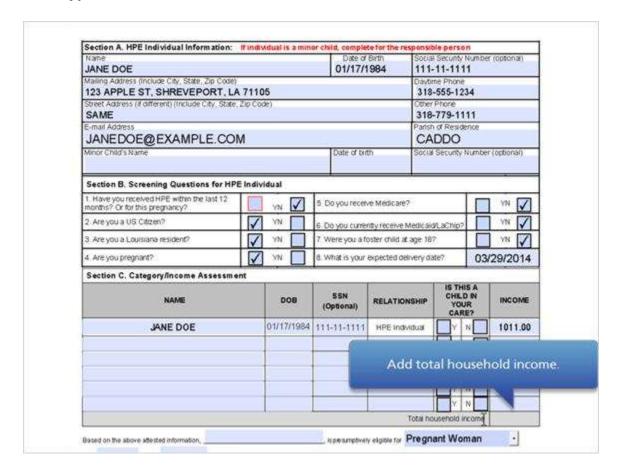
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2 Are you a US Citizen? 3 Are you a Louisian's resident? 4 Are you pregnant? 5 What is your expected delivery date? 6 Do you currently receive MedicaidLaChip? 7 Were you a foster child at age 18? 7 Were you a foster child at age 18? 7 What is your expected delivery date? 8 What is your expected delivery date? 9 O3/29/201 9 Section C. Category/Income Assessment 15 THIS A CHILD IN YOUR CARE? 10 ON	Fairdelana Mad	teeta Uessus ter		en and one:	aner				BHSF FORM 1 PEV	
Section A. HPE Individual Information: If individual is a minor child, complete for the responsible person Name Date of Birth Date of Birt	Louistana Med			Eligibility	(HPE)					
Section A. HPE Individual Information: If individual is a minor child, complete for the responsible person Name Date of Birth Social Security Number (optional) JANE DOE Date of Birth Social Security Number (optional) Date of Birth Social Security Number (optional) Date of Birth Date of Birth Social Security Number (optional) Section B. Screening Questions for HPE Individual 1. Have you received HPE within the last 12 will be a Do you currently receive Medicard-LaChip? VN Social Security Number (optional) Section C. Category/Income Assessment Dob SSN (Optional) RELATIONSHIP VN INCON CARE? JANE DOE Date of Birth Social Security Number (optional) VN CARE? VN Social Security Number (optional) Name Dob SSN (Optional) RELATIONSHIP VN INCON CARE? JANE DOE Date of Birth Social Security Number (optional) VN CARE? VN Social Security Number (optional) Name Dob SSN (Optional) RELATIONSHIP VN INCON CARE?	Date of Assessment 01/20/2014									
Name JANE DOE Date of Birth O1/17/1984 111-11-1111 Maining Address (include City, State, Zip Code) 123 APPLE ST, SHREVEPORT, LA 71105 Street Address (if different) (include City, State, Zip Code) SAME Same JANE DOE SAME C-mail Address JANE DOE Brind (include City, State, Zip Code) SAME C-mail Address Pansh of Residence CADDO Minor Child's Name Date of birth Social Security Number (optional) Daytime Phone 318-555-1234 Street Address (if different) (include City, State, Zip Code) SAME C-mail Address Pansh of Residence CADDO Minor Child's Name Date of birth Social Security Number (optional) Date of birth Social Security Number (optional) Same you'de for the same for the programmer (optional) Section B, Screening Questions for HPE individual 1. Have you preceive Medicare? VN	GENERAL HOSPIT	AL	LA MedicaidHP	E Provider a	AB	C12	23			
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123 APPLE ST, SHREVEPORT, LA 71105 Street Address (didferent) (include City State, Zip Code) SAME Shame Street Address SAME Seman Address JANEDOE@EXAMPLE.COM Minor Child's Name Cate of birth Social Security Number (optional) Section B. Screening Questions for HPE Individual 1. Have you received HPE within the last 12 will be companied by the companied of the companied by the compani	COMP. 1		75-5377 (66)	TO TO A LOCAL DESIGNATION OF THE PARTY OF TH				mber	(optonal)	
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JANE DOE EXAMPLE COM Minor Child's Name Date of bith Social Security Number (optional) Section B. Screening Questions for HPE Individual 1. Have you received HPE within the last 12		p Code)			CONTRACTOR OF THE	COST H	111			
Section B, Screening Questions for HPE Individual 1. Have you neceived HPE within the last 12										
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3. Are you a Louisiana resident? YN 7. Were you a foster child at age 18? 4. Are you pregnant? YN 8. Whist is your expected delivery date? O3/29/201 Section C. Category/Income Assessment NAME DOB SSN (Optional) RELATIONSHIP YOUR CARE? JANE DOE 01/17/1984 111-11-1111 HPE Individual Y N 1011.	Have you received HPE within the last 12 months? Or for this pregnancy?	YN 🗸	5. Do you receiv	re Medicare	20				YN 🗸	
4. Are you pregnant? Section C. Category/Income Assessment NAME DOB SSN (Optional) (Optional) JANE DOE 01/17/1984 111-11-1111 HPE individual Y N 1011.	2. Are you a US Citizen?	VN 🔲	6 Do you curren	nby receive t	/edicard/L	aChip	17		YN 🗸	
Section C. Category/Income Assessment NAME DOB SSN (Optional) JANE DOE 01/17/1984 111-11-1111 HPE individual Y N 1011.	3. Are you a Louisiana resident?	VN 🔲	7. Were you a fo	ester child at	age 18?				YN V	
NAME DOB SSN (Optional) RELATIONSHIP YOUR CARE? JANE DOE 01/17/1984 111-11-1111 HPE Individual Y N 1011.	4. Are you pregnant?	8. What is your	What is your expected delivery date?					03/29/2014		
NAME DOB SSN RELATIONSHIP YOUR CARE? INCOME	Section C. Category/Income Assessment					-	one per	_		
	NAME	008	The second secon	RELATION	ISHIP	CHE	LDE	4	INCOME	
Y N	JANE DOE	01/17/1984	111-11-1111	HPE Indi	idual [Y			1011.00	
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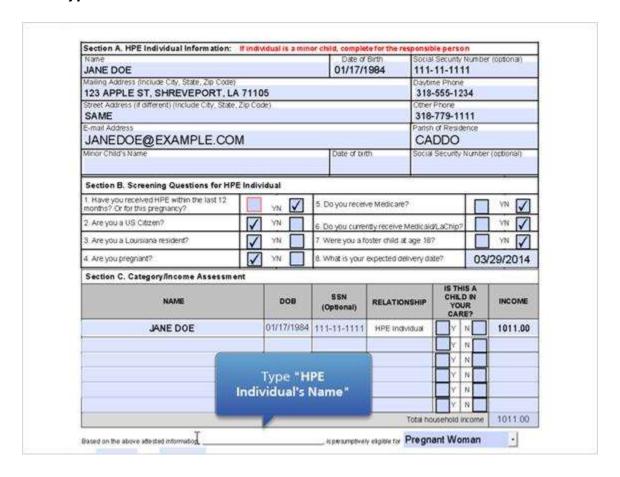
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JANE DOE	01/17/1		Social Security Number (optional)					
Mailing Address (include City, State, Zip Code) 123 APPLE ST, SHREVEPORT, LA 7	7.0	18-555-123-	4					
Street Address (if different) (Include City, State, Zip SAME		ter Phone 18-779-111	1					
E-mail Address JANEDOE@EXAMPLE.COM			100	ADDO	ice			
Minor Child's Name		Date of bir	th So	cial Security N	umber (c	optional)		
Section B. Screening Questions for HPE In	dividual	***	- *			-		
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2. Are you a US Citizen?	VIN	6 Do you curre	Do you currently receive Medicaid/LaChip?					
3 Are you a Louisiana resident?	VN	7. Were you a fo	Were you a foster child at age 187					
4. Are you pregnant?	VN 📗	8. What is your	What is your expected delivery date? 03/29/2					
Section C. Category/Income Assessment	0)	01	2	- Mariner	es v	NO CONTRACTOR OF THE PARTY OF T		
NAME	008	SSN (Optional)	RELATIONSHI	P STHIS CHILD YOUR CARE	IN .	INCOME		
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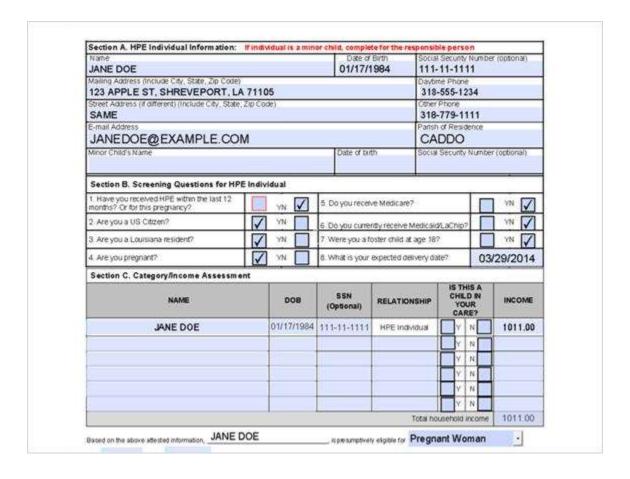
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2.36 Type JANE DOE



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2.38 Click the text box

							CADDO					
Minor Child's Name	Date of bir	Date of birth Social S				a Security Number (optional)						
Section B. Screening Questions for HPE	Indiv	idual				_		.,				
Have you received HPE within the last 12 months? Or for this pregnancy?		YN	V	5. Do you recer	ve Medicare'	7				YN 🗸		
2. Are you a US Citizen?	V	YN		6. Do you curre	ntly receive t	redicaid	Laci	hip?		YN 🗸		
3 Are you a Louisiana resident?	1	YN		7. Were you a f	oster child at	age 187		-323		VN V		
4. Are you pregnant?	V	YN		8. What is your	expected de	ivery da	te?		03/	29/2014		
Section C. Category/Income Assessmen	t							_	ar ann an ann			
NAME		DOB		SSN (Optional)	RELATIONSHIP		IS THIS A CHILD IN YOUR CARE?		IN R	INCOME		
JANE DOE		01/17/1984		111-11-1111	HPE Individual		Y			1011.00		
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Based on the above attested information. JANE D	OE			is presumptive	v aterita for	Prenna	ant V	Mon	nan	G		
	QE c	omple	eted E	a Louisiana Medica BHSF 1-A	id application i	s submitte	id prio	e to th	e end o	tate ato/0		
HPE Representative's Signature			HPE R	representative's e	,	HPE Representative						
HPE Representative's Printed Name	HPE Representatives Priorie D							Date				

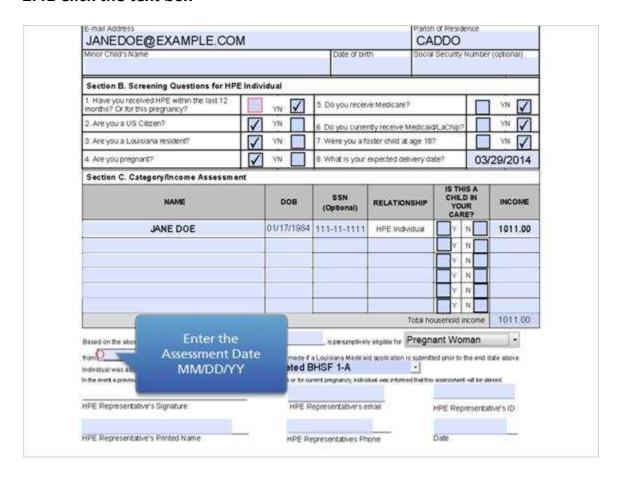
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JANEDOE@EXAMPLE.COM	M					CADDO						
Minor Child's Name				Date of bir	th:	Social	umber	(optional)				
Section B. Screening Questions for HPI	E Indiv	idual		- 		_						
Have you received HPE within the last 12 months? Or for this pregnancy?		YN	V	5. Do you recer	ve Medicare?			T		YN V		
2. Are you a US Citizen?	V	YN		6. Do you curre	ntly receive h	/edicaid/	LaCh	ip?		YN 🗸		
3 Are you a Louisiana resident?	V	YN		7. Were you a f	oster child at	age 187		П		YN V		
4. Are you pregnant?	V	YN		8. What is your	expected del	ivery dat	62	٦	03	29/2014		
Section C. Category/Income Assessme	nt							_	runshan.			
NAME		DOB		SSN (Optional)	RELATION	ISHIP	IS THIS CHILD YOUR CARE			INCOME		
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Based on the above attested information. JANE C	OOE			is presumptive	v etoble for	Pregna	nt V	Vom	an	G		
	EQE	omple	eted E	a Louisiana Medica BHSF 1-A	id application i	submitte	d prio	to th	end o	time atologi		
HPE Representative's Signature			HPE R	epresentative's e	mail	н	PE F	Repre	serta	twe's ID		
HPE Representative's Printed Name						0						

2.40 Click the Pregnant Woman list item

JANEDOE@EXAMPLE.CO	IVI					CAL	66500							
Minor Child's Name				Date of bir	th:	Social S	nty i	ty Number (optional)						
Section B. Screening Questions for HP	E Indiv	idual		- 		_		_						
Have you received HPE within the last 12 months? Or for this pregnancy?		YN	V	5. Do you recer	ve Medicare?	7				YN V				
2. Are you a US Citizen?	1	YN		6. Do you curre	ntly receive h	redicaid/L	ach	ip?		YN 🗸				
3 Are you a Louisiana resident?	V	YN		7. Were you a f	oster child at	age 187		9.54		VN 🗸				
4. Are you pregnant?	V	YN		8. What is your	expected del	livery date	0		03	/29/2014				
Section C. Category/Income Assessme	ent													
NAME	NAME		DOB (C		RELATIONSHIP		CH	THE FOU ARE	IN R	INCOME				
JANE DOE			//1984	111-11-1111	HPE Individual			7	N.	1011.00				
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Based on the above attested information. JANE I	a determ	nationis	mide f	alou						HPE Co he list				
Individual was assisted in applying for Louisiana HP In the evert a previous period or HPE eligibility was given with					none de la companione de	Marian Car			-					
		01000				Parents	an	de	areta	sker Rel				
HPE Representative's Signature			HPE R	representative's e	mail	Breast o	or C	en	ical	Cantier				
HPE Representative's Printed Name							abe							

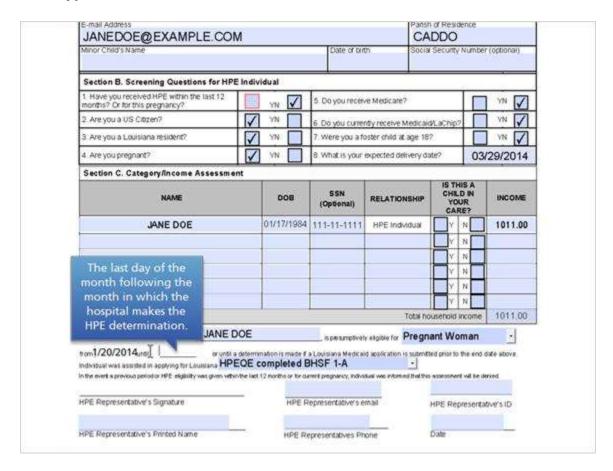
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2.42 Type 01/17/2014

JANEDOE@EXAMPLE.COI	M					CADDO						
Minor Child's Name				Date of bir	th:	Social Security Number					(18)	
Section B. Screening Questions for HP	E Indiv	idual		_							_	
Have you received HPE within the last 12 months? Or for this pregnancy?		YN	V	5. Do you recer	ve Medicare?	9		T		YN	V	
2 Are you a US Citizen?	V	YN		6. Do you curre	ntly receive N	redicaid\	aChi	32		YN	V	
3 Are you a Louisiana resident?	V	YN		7. Were you a f	oster child at	age 187		Т		VN	V	
4. Are you pregnant?	V	YN		8. What is your	expected del	ivery date	e .	T	03/	29/2	014	
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Based on the above attested information, JANE I	OOE			is persumptive	ly eligible for	Pregna	nt W	om	an	ŀ	-	
until pruntil	EQE o	omple	eted E			-					r.R.	
HPE Representative's Signature			HPE R	Representative's e	liem:	н	PE R	epre	ientat	twe's ID	,	

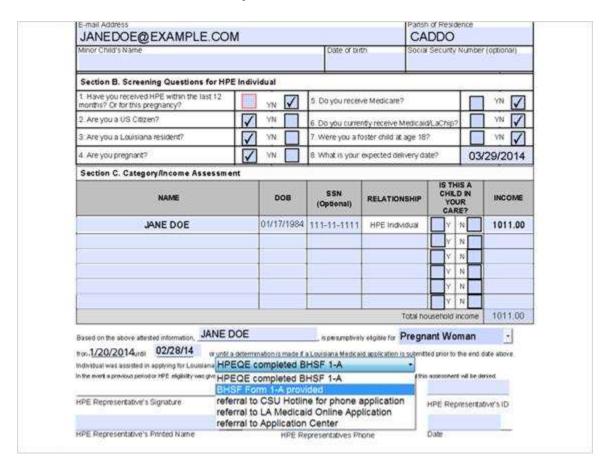
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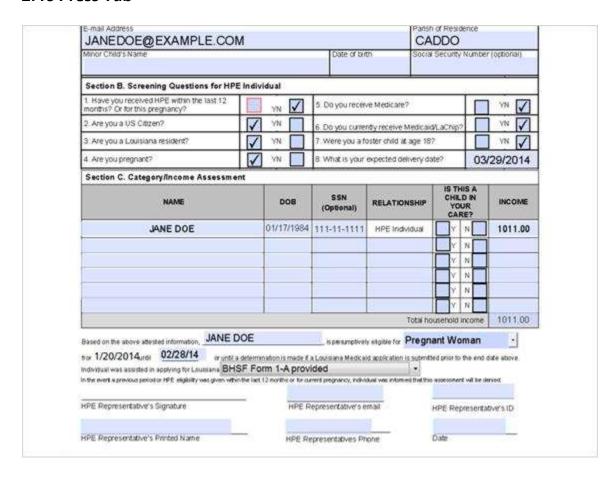
2.44 Click the text box



2.45 Click the BHSF Form 1-A provided list item



2.46 Press Tab



2.47 Type THERESA.CARTER@LA.GOV

JANEDOE@EXAMPLE.CO	100			Date of bir	th:	0.950000	3000	unty Number (optional)					
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Section B. Screening Questions for HP	E Indiv	ridual		- A		-							
Have you received HPE within the last 12 months? Or for this pregnancy?		YN	V	5. Do you recer	ve Medicare?					YN V			
2. Are you a US Citizen?	V	YN		6. Do you curre	ntly receive h	redicaid	VLach	1907		YN 🗸			
3 Are you a Louisiana resident?	V	YN		7. Were you a f	oster child at	age 187		П		YN V			
4. Are you pregnant?	V	YN		8 What is your	expected del	ivery da	te?		03/	29/2014			
Section C. Category/Income Assessme	ent												
NAME		DOB		SSN (Optional)	RELATIONSHIP		CI	THIS HILD YOUR ARE	aN R	INCOME			
JANE DOE		01/17/1984		111-11-1111	HPE Indvidual			Y 1		1011.00			
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000044	SF Fo	rm 1-	A prov		id application i	submith	ed prio	r to th	e end d				
HPE Representative's Signature			HPE R	epresentative's e	mail		HPE F	Repre	esentar	twe's ID			
					none		Date						

2.48 Type ABC123

JANEDOE@EXAMPLE.COM	VI					CADDO								
Minor Child's Name				Date of bir	th Social Secur				inty Number (optional)					
Section B. Screening Questions for HPE	E Indiv	idual		- \		_								
Have you received HPE within the last 12 months? Or for this pregnancy?		YN	V	5. Do you recer	ve Medicare?					Y74	V			
2. Are you a US Citizen?	1	YN		6. Do you curre	ntly receive N	redicaid	Laci	1907	Г	YN	V			
3 Are you a Louisiana resident?	V	YN		7. Were you a fi	oster child at	age 187		0.00		YN	V			
4. Are you pregnant?	V	YN		8. What is your	expected del	ivery dat	te?		03	29/2	014			
Section C. Category/Income Assessmen	nt	-						_	ariana hasa		and the same			
NAME		DOB		SSN (Optional)	RELATIONSHIP		IS THIS A CHILD IN YOUR CARE?		IN R	N INCOME				
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Based on the above attested information. JANE D	OE			is presumptive			22300		-		.]			
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HPE Representative's Signature			****	representative's e	STATE OF THE PARTY	,	HPE I	Repo	esenta	divers 10	,			
						t								

2.49 Type THERESA CARTER

JANEDOE@EXAMPLE.CO	IVI					Social Security Number (optional)						
Minor Child's Name				Date of bir	th:	Social	Secu	nty N	umber	r (optional)		
Section B. Screening Questions for HP	E Indiv	idual				_						
Have you received HPE within the last 12 months? Or for this pregnancy?		YN	V	5. Do you recer	ve Medicare?					YN 🗸		
2. Are you a US Citizen?	V	YN		6. Do you curre	ntly receive N	redicald	Lack	197		YN 🗸		
3 Are you a Louisiana resident?	V	YN		7. Were you a fi	oster child at	age 187				VN V		
4. Are you pregnant?	V	YN		8 What is your	expected del	ivery dat	62		03	/29/2014		
Section C. Category/Income Assessme	int							_	or and the same			
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Based on the above attested information. JANE [OOE			is presumptive	v atoms for	Pregna	ent V	Von	an			
	SF Fo	rm 1-/	A prov	a Louisiana Medica v ided	id application is	s submitte •]	d prio	r to th	e end o	site atove		
HPE Representative's Signature			HPE R	epresentative's e	mail	,	IPE F	Repre	serta	over 1D		
				rpresentatives Pr	1000	Date						

2.50 Type 318-862-9954

JANEDOE@EXAMPLE.CO	IVI			Y		Social Security Number (optional)							
Minor Child's Name				Date of bir	Un:	Social	umbe	r (optionar)					
Section B. Screening Questions for HP	E Indiv	idual				_							
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HPE Representative's Signature			A 14 (1)	epresentative's e	Molto:	100	-	School price	_	tive's ID			
THERESA CARTER													
TELEPTER OF THE PERSON OF THE		HPE Representatives Phone						Cate -					

2.51 Type 01/20/2014

JANEDOE@EXAMPLE.CO	IAI			Telegraphy		Social Security Number (optional)					
Minor Child's Name				Date of bir	Un.	Social	r (optional)				
Section B. Screening Questions for HP	E Indiv	idual		\		_		.,			
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4. Are you pregnant?	V	YN		8. What is your	expected del	ivery dat	ję?		03	/29/2014	
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HPE Representative's Signature			A 74 1	ESA CARTERIBLA Representative's e	100000		-	School Service	_	dust a 10°s	
THERESA CARTER			862-9954	HPE Representative's ID							